

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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July 24, 2006

**MC-DRC**

**06-07**

# **MEDICAID BULLETIN**

**TO: Local Education Agencies**

**SUBJECT:**

- I. Frequency Changes for Audiological Services**
- II. Reimbursement Changes for Audiological Services**
- III. Reimbursement Changes for Physical Therapy Services**

## **I. Frequency Changes for Audiological Services**

Effective with dates of services on or after **July 1, 2006**, the Department of Health and Human Services will increase the frequency from five (5) to six (6) for the procedure codes as follows:

<b>Procedure Code</b>	<b>Procedure Code Description</b>	<b>Modifier</b>	<b>Modifier Description</b>	<b>New Frequency</b>
V5090	Dispensing fee, unspecified hearing aid			6 every 12 months
92590	Hearing aid examination and selection; monaural			6 every 12 months
V5275	Ear Impression, each ear	LT	Left side (used to identify procedures performed on the left side of the body)	6 every 12 months
V5275	Ear Impression, each ear	RT	Right side (used to identify procedures performed on the right side of the body)	6 every 12 months
V5011	Fitting/orientation/checking of hearing aid			6 every 12 months
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52	Reduced services	6 every 12 months

Procedure Code	Procedure Code Description	Modifier	Modifier Description	New Frequency
92592	Hearing aid check; monaural			6 every 12 months
92567	Tympanometry (Impedance Testing)			6 every 12 months
92552	Pure tone audiometry (threshold); air only			6 every 12 months

## II. Reimbursement Changes for Audiological Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement Effective July1, 2006
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52	Reduced services	\$60.59
92584	Electrocochleography			\$87.19

## III. Reimbursement Changes for Physical Therapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Reimbursement Effective July1, 2006
97001	Physical therapy evaluation	HA	Child/adolescent program	\$71.75

Your continued support of the South Carolina Medicaid Program is appreciated. Questions regarding this bulletin should be directed to your Program Coordinator at (803) 898-2655.

/s/

Robert M Kerr  
Director

RMK/bmhw

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